

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS

AS FILED

**AFTER FIRST
AMENDMENT**

**AFTER SECOND
AMENDMENT**

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	17					
Total Claims	20					

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